

The following information is extracted from the April 2003 North Carolina Medicaid Special Bulletin, Health Check Billing Guide and is available in its entirety at the following website:
<http://www.dhhs.state.nc.us/dma/bulletin/pdfbulletin/0403specbull.pdf>.

HEALTH CHECK SCREENING COMPONENTS

The Health Check Program is a preventive care program for Medicaid-eligible children ages birth through 20. **A Health Check Screening is the only well child preventive visit reimbursable by Medicaid. All Health Check components are required and are to be documented in the medical record. Each screening component is vital for measuring a child's physical, mental, and developmental growth.** Recipients are encouraged to receive their comprehensive health checkups and immunizations on a regular schedule. A complete Health Check screening consists of the following age-appropriate components, which must be performed and documented at each visit **unless** otherwise noted.

- **Comprehensive unclothed physical examination**
- **Comprehensive health history**
- **Nutritional assessment**
- **Anticipatory guidance and health education**
- **Measurements, blood pressure, and vital signs**
Blood pressure is required to become a part of the exam at age 3.
- **Developmental screening, including mental, emotional, and behavioral**
Perform age-appropriate evaluation at **each** screening. In addition, three written developmental assessments should be performed: the first by 12 months, the second by 24 months, and the third by 60 months of age.
- **Immunizations**
Federal regulations state that immunizations are to be provided at the time of screening if they are needed.
- **Vision and hearing assessments**
Health Check follows the Recommendations for Preventive Pediatric Health Care from the American Academy of Pediatrics for hearing and vision assessments. The Recommendations for all screening components may be accessed at <http://www.aap.org/policy/re9939.html>.

In accordance with the periodicity schedule and the Recommendations for Preventive Pediatric Health Care, **objective** vision assessment (i.e., Snellen chart) is required at ages 3 years, 4 years, 5 years, 6 years, 9 years, 12 years, 15 years, and 18 years.

In accordance with the periodicity schedule and the Recommendations for Preventive Pediatric Health Care, objective hearing assessments **using electronic equipment** (i.e., audiometer) must be performed at birth, 4 years, 5 years, 6 years, 9 years, 12 years, 15 years, and 18 years.

If the required vision and/or hearing screenings cannot be performed during a periodic visit due to blindness or deafness and the claim is denied, the claim may be resubmitted through the adjustment process with supporting medical record documentation attached.

- **Dental screenings**
A dental referral is required for every child beginning at 3 years of age. An oral screening performed during a physical examination is not a substitute for examination through direct referral to a dentist. The initial dental referral must be provided regardless of the periodicity schedule unless it is known that the child is already receiving dental care. Thereafter, dental referrals should, at a minimum, conform to the dental service periodicity schedule, which is currently one routine dental examination every six months. When any screening indicates a need for dental services at an earlier age (i.e., baby bottle caries), referrals must be made for needed dental services and documented in the patient's record. The periodicity schedule for dental examinations is not governed by the schedule for regular health screenings.

Note: Dental varnishing is not a requirement of the Health Check screening exam. Providers may bill for dental varnishing and receive reimbursement in addition to the Health Check screening. Providers are to utilize the codes and billing guidelines as indicated in the August 2002 general Medicaid bulletin. Bulletins are available on the Division of Medical Assistance (DMA) website at <http://www.dhhs.state.nc.us/dma>.

- **Laboratory procedures**

Includes hemoglobin or hematocrit, urinalysis, sickle cell, tuberculin skin test, and lead screening.

Note: When these laboratory tests are processed in the provider's office, Medicaid will not reimburse separately for these procedures. Payment for these procedures is included in the reimbursement for a Health Check screening.

Hemoglobin or hematocrit

Hemoglobin or hematocrit must be measured once during infancy (between the ages of 9 and 12 months) for all children and once during adolescence for menstruating adolescent females. An annual hemoglobin or hematocrit screening for adolescent females (ages 11 to 21 years) should be performed if any of the following risk factors are present: moderate to heavy menses, chronic weight loss, nutritional deficit or athletic activity.

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) has specific time frames for hematocrit/hemoglobin testing. Sharing the test results between the WIC Program and the primary care provider (PCP) is encouraged with appropriate release of information. For more information on guidelines and time frames, call the local WIC office.

Urinalysis

Urinalysis must be performed during the 5-year-old periodic screening as well as during periodic screenings for all sexually active males and females.

Sickle cell testing

North Carolina hospitals are required to screen all newborns for sickle cell prior to discharge. If a child has been properly tested, this test need not be repeated. **Results must be documented in the child's medical record.** If the test results of the newborn sickle cell screening are not readily available, contact the hospital of birth. An infant not tested at birth should receive a sickle cell test prior to 3 months of age.

Tuberculin testing

Reviewing perinatal histories, family and personal medical histories, significant events in life, and other components of the social history will identify children/adolescents for whom TB screening is indicated. If none of the screening criteria below are present, there is no recommendation for routine TB screening.

The North Carolina TB Control Branch is responsible for oversight of testing of household and other close contacts of active cases of pulmonary and laryngeal tuberculosis. Questions related to policy interpretation or other questions related to TB skin testing should be directed to the local health departments.

Tuberculin testing should be performed as clinically indicated for children/adolescents at increased risk of exposure to tuberculosis, **via Purified Protein Derivative (PPD) intradermal injection/Mantoux method** – not Tine Test.

Criteria for screening children/adolescents for TB (per the NC TB Control Branch) are:

1. Children/adolescents reasonably suspected of having tuberculosis disease based on clinical symptoms.
2. Do a **baseline screen** when these children/adolescents present for care.
 - a. Foreign-born individuals arriving within the last five years from Asia, Africa, Caribbean, Latin America, Mexico, South America, Pacific Islands, the Middle East or Eastern Europe. Low prevalence countries for tuberculosis disease are the USA, Canada, Japan, Australia, New Zealand and countries in Western Europe.
 - b. Children/adolescents who are migrants, seasonal farm workers, or are homeless.
 - c. Children/adolescents who are HIV-infected.
 - d. Adolescents who inject illicit drugs or use crack cocaine.

Subsequent TB skin testing is not necessary unless there is a continuing risk of exposure to persons with tuberculosis disease.

In addition to the TB Control Branch criteria:

A TB screening performed as a part of a Health Check screening cannot be billed separately.

Lead Screening

Federal regulations state that all Medicaid-enrolled children are required to have a blood lead test at 12 and 24 months of age. Children between 36 and 72 months of age must be tested if they have not been previously tested. Providers should perform a lead screening when it is clinically indicated.

Medical follow-up begins with a blood lead level greater than or equal to 10 ug/dL. Capillary blood level samples are adequate for the initial screening test. Venous blood level samples should be collected for confirmation of all elevated blood lead results.

Laboratory procedures, continued

Blood Lead Concentration	Recommended Response
<10 ug/dL	Rescreen at 24 months of age
10 to 19 ug/dL	Confirmation (venous) testing should be conducted within three months. If confirmed, repeat testing should be conducted every 2 to 4 months until the level is shown to be <10 ug/dL on three consecutive tests (venous or fingerstick). The family should receive lead education and nutrition counseling. A detailed environmental history should be taken to identify any obvious sources of exposure. If the blood lead level is confirmed at ≥ 10 ug/dL, environmental investigation will be offered.
20 to 44 ug/dL	Confirmation (venous) testing should be conducted within 1 week. If confirmed, the child should be referred for medical evaluation and should continue to be retested every 2 months until the blood lead level is shown to be <10 ug/dL on three consecutive tests (venous or fingerstick). Environmental investigations are required and remediation for identified lead hazards shall occur for all children less than 6 years old with confirmed blood lead levels >20 ug/dL.
≥ 45 ug/dL	The child should receive a venous lead test for confirmation as soon as possible. If confirmed, the child must receive urgent medical and environmental follow-up. Chelation therapy should be administered to children with blood lead levels in this range. Symptomatic lead poisoning or a venous lead level >70 ug/dL is a medical emergency requiring inpatient chelation therapy.

State Laboratory of Public Health for Blood Lead Screening

The State Laboratory Services of Public Health will analyze blood lead specimens for all children less than 6 years of age at no charge. Providers requiring results of specimens from children outside this age group need to contact the State Laboratory of Public Health at 919-733-3937.

Note: When the above laboratory tests are processed in the provider's office, Medicaid will not reimburse separately for these procedures. Payment for these procedures is included in the reimbursement for a Health Check screening.

HEALTH CHECK SCREENING SCHEDULES

Periodic Screenings

The **preventive medicine CPT codes 99381 through 99385 with the modifier EP, and 99391 through 99395 with the modifier EP** are used to bill a periodic screening. (Refer to Health Check Billing Requirements on page 9.)

The schedule below outlines the recommended frequency of Health Check screenings dependent upon the age of the child. This schedule is based on recommendations for preventive pediatric health care.

Note: If an illness is detected during a Health Check screening, the provider may continue with the screening or bill a sick visit and reschedule the screening for a later date.

Periodicity Schedule

Within the first month	12 months	5 years
2 months	18 months	6 through 20 years
4 months	2 years	One screening every three years
6 months	3 years	for children 6 years of age and
9 or 15 months	4 years	older.

Interperiodic Screenings

The **preventive medicine CPT codes 99381 through 99385 with the modifier EP, and 99391 through 99395 with the modifier EP** are used to bill an interperiodic screening. (Refer to Health Check Billing Requirements on page 9 of the April 2003 North Carolina Medicaid Special Bulletin, Health Check Billing Guide.)

In addition to the periodicity schedule, interperiodic screenings are allowed in the following circumstances:

- When a child requires either a kindergarten or sports physical **outside** the regular schedule.
- When a child's physical, mental or developmental illnesses or conditions have already been diagnosed and there are indications that the illness or condition may require closer monitoring.
- When the screening provider has determined there are medical indications that make it necessary to schedule additional screenings in order to determine whether a child has a physical or mental illness or a condition that may require further assessment, diagnosis, or treatment.
- Upon referral by a health, developmental or educational professional based on their determination of medical necessity. Examples of referral sources may include Head Start, Agricultural Extension Services, Early Intervention Programs or Special Education Programs.

In each of these circumstances, the screening provider must specify and document in the child's medical record the reason necessitating the interperiodic screening.

Hearing and vision assessments are not required for an interperiodic screening. All other Health Check screening components must be performed during an interperiodic Health Check screening.